se 4:16-cr-00119-A	Document 193	Filed/11/16/16	Page 1 of 2 Pa	geID 583 DISTRICT COURT
	ONIO		NORTHER	N DISTRICT OF TEX
				FILED
ar a m	****	CARDE CONTRACTOR A CO	N N	OV 6 2016
CERT	IFICATE OF INM	IATE TRUST ACC	OUNT	
	4:16cr1	10 7/1)	CLERK, J	LS. DISTRICT COUR
	4.10011.	19-A(4)	Ву	11:59
Y 41		TO 4 (7) 4 (7)	<u> </u>	Deputy
I, the undersigned authorized	orized officer of the	Parrant County Jail,	wnere	
Maxey, Larry Dani	el ı	nmate I.D. # 067628	89,	
	1 1 1	10	th	
is confined as a prisone	er, do hereby certify t	that on this the	th day of	
November	20 16 the pris	oner has in his accoun	t. according to our	
records, the total sum of	of \$ 22.34	**************************************		
1.C	2 . 4. 2 . 35.4 1		43	• .
I further certify that du	-			
deposits in and made we printout of the Inmate's		•	Note: a computer	
printout of the minates	s account may be atta	ched.)		
Month	Deposits	Withdrawals	Balance	
<u>May 2016</u>	358.80	405.50	59.03	
May 2010	330.00	400.00	39.03	·
June 2016	195.00	222.17	31.86	
Danie 2010				
July 2016	200.00	190.72	41.14	
				macija
August 2016	180.00	195.35	25.79	

158.07

October 2016

Dated this the 10th

170.00

day of

November

(Authorized Officer)

, 20<u>16</u>

12.51

Tarrant County Jail

CERTIFICATE OF INMATE TRUST ACCOUNT

	I, the undersigned authorized office	r of the	Farrant County Jail	
			(name of institution)	
vhere _	Maxey, Larry Daniel	, Inmate ID No	0676289	, is confined
	(name of inmate)			
s a pris	soner, do hereby certify that:	•		
(1)	On this day the prisoner has in	nis account the sum of \$	22.34	
. ,	· ·			
(2)	During the past six months, the	nrisoner's:		
(-)	build the publish months, the	prisoner s.		
	A d. 1 1 1 d	2 00 40		
	Average monthly balance was \$. 28.49		
	Average monthly deposits to the	e prisoner's account were	\$_203.97	***************************************
•				
	A certified copy of the prisoner's	trust account statement	(or institutional ed	quivalent)
howin	g transactions for the past six month	s may be attached.	,	
i Si	igned this 10th day of	November ,	20 16 .	
	<u> </u>		And the second s	
		4 /		
		$\mathcal{M}_{\mathcal{M}}$		
		Authorized Office	*	
		Addionzed Office		
		Town of County	انمنا	
	•	Tarrant County J		
		Institution of Con	finement	
			v	•
	Authorization			
, the un	dersigned inmate, authorize the institu	tion where I am incarcerate	ed to withdraw and	forward to the
	y initial partial filing fee or appeal fee			
	a pauperis provisions of 28 U.S.C. § 1		•	
		,		
	•			
		Signature of Priso	ner/Plaintiff/Anne	ellant
			manners ipp	v = = = 0
		Inmate ID No	**************************************	